

ATTIC ANGEL PLACE HEALTH CENTER  
8301 OLD SAUK RD

MIDDLETON 53562 Phone: (608) 662-8842

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 43

Total Licensed Bed Capacity (12/31/04): 44

Number of Residents on 12/31/04: 43

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? No

Average Daily Census: 41

Non-Profit Corporation

Skilled

No

Yes

No

41

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		41.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years		16.3
Day Services	No	Mental Illness (Org./Psy)	27.9	65 - 74	2.3			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	18.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	23.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	7.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.6		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	4.7	65 & Over	97.7	-----		
Transportation	No	Cerebrovascular	16.3		-----	RNs		18.4
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		3.3
Other Services	Yes	Respiratory	2.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.2	Male	14.0	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	86.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	2	5.9	268	0	0.0	0	0	0.0	0	2	4.7
Skilled Care	9	100.0	248	0	0.0	0	0	0.0	0	32	94.1	248	0	0.0	0	0	0.0	0	41	95.3
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		0	0.0		0	0.0		34	100.0		0	0.0		0	0.0		43	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	5.6	Bathing	2.3	83.7	14.0	43
Private Home/With Home Health	2.8	Dressing	2.3	83.7	14.0	43
Other Nursing Homes	12.7	Transferring	11.6	67.4	20.9	43
Acute Care Hospitals	67.6	Toilet Use	11.6	65.1	23.3	43
Psych. Hosp.-MR/DD Facilities	0.0	Eating	60.5	32.6	7.0	43
Rehabilitation Hospitals	0.0	*****				
Other Locations	11.3	Continence		%	Special Treatments	%
Total Number of Admissions	71	Indwelling Or External Catheter	9.3	Receiving Respiratory Care		7.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	62.8	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	4.2	Occ/Freq. Incontinent of Bowel	41.9	Receiving Suctioning		0.0
Private Home/With Home Health	29.6			Receiving Ostomy Care		4.7
Other Nursing Homes	1.4	Mobility		Receiving Tube Feeding		0.0
Acute Care Hospitals	5.6	Physically Restrained	0.0	Receiving Mechanically Altered Diets		30.2
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	15.5	With Pressure Sores	4.7	Have Advance Directives		95.3
Deaths	43.7	With Rashes	9.3	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		60.5
(Including Deaths)	71					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: Under 50 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.2	92.7	1.01	88.3	1.06	90.5	1.03	88.8	1.05
Current Residents from In-County	90.7	84.6	1.07	78.3	1.16	82.4	1.10	77.4	1.17
Admissions from In-County, Still Residing	25.4	20.5	1.24	28.4	0.89	20.0	1.27	19.4	1.31
Admissions/Average Daily Census	173.2	153.0	1.13	106.8	1.62	156.2	1.11	146.5	1.18
Discharges/Average Daily Census	173.2	153.6	1.13	105.3	1.65	158.4	1.09	148.0	1.17
Discharges To Private Residence/Average Daily Census	58.5	74.7	0.78	34.7	1.69	72.4	0.81	66.9	0.87
Residents Receiving Skilled Care	100	96.9	1.03	95.2	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	97.7	96.0	1.02	95.8	1.02	91.8	1.06	87.9	1.11
Title 19 (Medicaid) Funded Residents	0.0	54.6	0.00	56.6	0.00	62.7	0.00	66.1	0.00
Private Pay Funded Residents	79.1	32.6	2.42	34.0	2.32	23.3	3.40	20.6	3.85
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	27.9	37.4	0.75	41.0	0.68	37.3	0.75	33.6	0.83
General Medical Service Residents	30.2	20.2	1.49	13.6	2.23	20.4	1.48	21.1	1.43
Impaired ADL (Mean)	49.3	50.1	0.98	50.8	0.97	48.8	1.01	49.4	1.00
Psychological Problems	60.5	58.4	1.04	62.7	0.97	59.4	1.02	57.7	1.05
Nursing Care Required (Mean)	7.0	7.0	1.00	7.4	0.94	6.9	1.01	7.4	0.94